

<b>SCC eFile</b>	<b>2014 ANNUAL REPORT</b> <b>COMMONWEALTH OF VIRGINIA</b> <b>STATE CORPORATION COMMISSION</b>	<b>214525630</b>				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME:  <b>World Financial Group, Inc.</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:  <b>CT CORPORATION SYSTEM</b>  <b>4701 COX ROAD, SUITE 285</b>  <b>GLEN ALLEN, VA</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  <b>HENRICO COUNTY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION:  <b>DE</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>5/31/2014</b></p> <p>SCC ID NO: <b>F1471913</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>1,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	1,000
CLASS	AUTHORIZED					
COMMON	1,000					
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 11315 JOHNS CREEK PKWY</p> <p style="text-align: center;">CITY/ST/ZIP: JOHNS CREEK, GA 30097</p>						
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: JOE DIPAOLO  TITLE: PRESIDENT/CEO  ADDRESS: 11315 JOHNS CREEK PARKWAY  CITY/ST/ZIP/CO: JOHNS CREEK, GA 30097 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER      <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: JOE DIPAOLO TITLE: PRESIDENT/CEO ADDRESS: 11315 JOHNS CREEK PARKWAY CITY/ST/ZIP/CO: JOHNS CREEK, GA 30097	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: JOE DIPAOLO TITLE: PRESIDENT/CEO ADDRESS: 11315 JOHNS CREEK PARKWAY CITY/ST/ZIP/CO: JOHNS CREEK, GA 30097	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: SETH MILLER  TITLE: VICE PRESIDENT  ADDRESS: 570 CARILLON PARKWAY  CITY/ST/ZIP/CO: ST. PETERSBURG, FL 33716 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER      <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: SETH MILLER TITLE: VICE PRESIDENT ADDRESS: 570 CARILLON PARKWAY CITY/ST/ZIP/CO: ST. PETERSBURG, FL 33716	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: SETH MILLER TITLE: VICE PRESIDENT ADDRESS: 570 CARILLON PARKWAY CITY/ST/ZIP/CO: ST. PETERSBURG, FL 33716	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: ROBERT G BRUNTON  TITLE: VICE PRESIDENT  ADDRESS: 11315 JOHNS CREEK PARKWAY  CITY/ST/ZIP/CO: JOHNS CREEK, GA 30097 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER      <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: ROBERT G BRUNTON TITLE: VICE PRESIDENT ADDRESS: 11315 JOHNS CREEK PARKWAY CITY/ST/ZIP/CO: JOHNS CREEK, GA 30097	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR	
NAME: ROBERT G BRUNTON TITLE: VICE PRESIDENT ADDRESS: 11315 JOHNS CREEK PARKWAY CITY/ST/ZIP/CO: JOHNS CREEK, GA 30097	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: SUSAN E. DAVIES  TITLE: VICE PRESIDENT  ADDRESS: 11315 JOHNS CREEK PARKWAY  CITY/ST/ZIP/CO: JOHNS CREEK, GA 30097 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER      <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: SUSAN E. DAVIES TITLE: VICE PRESIDENT ADDRESS: 11315 JOHNS CREEK PARKWAY CITY/ST/ZIP/CO: JOHNS CREEK, GA 30097	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR	
NAME: SUSAN E. DAVIES TITLE: VICE PRESIDENT ADDRESS: 11315 JOHNS CREEK PARKWAY CITY/ST/ZIP/CO: JOHNS CREEK, GA 30097	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: KENT H DAVIES  TITLE: VICE PRESIDENT  ADDRESS: 11315 JOHNS CREEK PARKWAY  CITY/ST/ZIP/CO: JOHNS CREEK, GA 30097 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER      <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: KENT H DAVIES TITLE: VICE PRESIDENT ADDRESS: 11315 JOHNS CREEK PARKWAY CITY/ST/ZIP/CO: JOHNS CREEK, GA 30097	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR	
NAME: KENT H DAVIES TITLE: VICE PRESIDENT ADDRESS: 11315 JOHNS CREEK PARKWAY CITY/ST/ZIP/CO: JOHNS CREEK, GA 30097	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: LEESA M EASLEY  TITLE: VP/S  ADDRESS: 11315 JOHNS CREEK PKWY  CITY/ST/ZIP/CO: JOHNS CREEK, GA 30097 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER      <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: LEESA M EASLEY TITLE: VP/S ADDRESS: 11315 JOHNS CREEK PKWY CITY/ST/ZIP/CO: JOHNS CREEK, GA 30097	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR	
NAME: LEESA M EASLEY TITLE: VP/S ADDRESS: 11315 JOHNS CREEK PKWY CITY/ST/ZIP/CO: JOHNS CREEK, GA 30097	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR				

NAME:	JOHN JOSEPH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	11315 JOHNS CREEK PARKWAY		
CITY/ST/ZIP/CO:	JOHNS CREEK, GA 30097		
NAME:	PAUL MINECK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	11315 JOHNS CREEK PARKWAY		
CITY/ST/ZIP/CO:	JOHNS CREEK, GA 30097		
NAME:	CARYL P SHEPHERD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	11315 JOHNS CREEK PARKWAY		
CITY/ST/ZIP/CO:	JOHNS CREEK, GA 30097		
NAME:	DINA S VENERO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	11315 JOHNS CREEK PARKWAY		
CITY/ST/ZIP/CO:	JOHNS CREEK, GA 30097		
NAME:	RICHARD WILLIAMS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	5000 YONGE STREET, SUITE 800		
CITY/ST/ZIP/CO:	TORONTO, ON, M2N 3, CANADA , , FN		
NAME:	DWIGHT WOOD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	11315 JOHNS CREEK PARKWAY		
CITY/ST/ZIP/CO:	JOHNS CREEK, GA 30097		
NAME:	KELLY ADAMS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO/T		
ADDRESS:	1400 Center View Dr		
CITY/ST/ZIP/CO:	LITTLE ROCK, AR 72211		
NAME:	AMY ANGLE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	2 LAKESIDE FARM COURT		
CITY/ST/ZIP/CO:	GLEN ARM, MD 21057		
NAME:	SAUNDRA ARCHULETA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	11315 JOHNS CREEK PKWY		
CITY/ST/ZIP/CO:	JOHNS CREEK, GA 30097		
NAME:	SCOTT W. HAM	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	4333 EDGEWOOD ROAD NE		
CITY/ST/ZIP/CO:	CEDAR RAPIDS, IA 52499		
NAME:	JOHN W. JOSEPH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CAO		
ADDRESS:	11315 JOHNS CREEK PARKWAY		
CITY/ST/ZIP/CO:	JOHNS CREEK, VA		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES MARTIN FLEWELLEN DIRECTOR 1150 S. OLIVE ST LOS ANGELES, CA 90015	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JANICE CURCIO VICE PRESIDENT 11315 JOHNS CREEK PARKWAY JOHNS CREEK, GA 30097	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ SAUNDRA ARCHULETA SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SAUNDRA ARCHULETA, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	5/16/2014 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			